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APPLICANTS

Steven Walak, Natick, MA;
 Yixin Xu, Newton, MA;

** CONTINUING DATA ***** *None - Or*

** FOREIGN APPLICATIONS ***** *None - Or*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
Verified and Acknowledged <i>By [Signature]</i>	Examiner's Signature <i>Initials</i>				

ADDRESS

Patrick J. Fay, Esq.
 FAY KAPLUN & MARCIN, LLP
 Suite 702
 150 Broadway
 New York, NY10038

TITLE

Fatigue resistant medical devices

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